

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010201

FILED MAR 26 1959

Registration District No. 217 Primary Registration District No. 3045 STATE FILE NUMBER Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY OR TOWN <u>Charleston</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Charleston</u> 0673 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Length of stay in lb <u>31 Yrs</u>		d. STREET ADDRESS (If outside, give location) <u>510 W. Byrd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <u>Arthur</u> Middle <u>William</u> Last <u>Aydelott</u>		4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1959</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 17, 1881</u>	
9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo Aydelott</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Aydelott</u>	
14. NAME OF HUSBAND OR WIFE <u>Dora Mae Aydelott</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>4201A</u>		17. INFORMANT Address <u>Mrs. Thelma Batson East Prairie, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Artery Occlusion</u> DUE TO (b) <u>Advanced Tbc</u> DUE TO (c) <u>Advanced Tbc</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced Tbc</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u> <u>2</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1-19-57</u> to <u>3-7-59</u> and last saw her alive on <u>3-7-59</u> Death occurred at <u>3/9/59 2:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edith D. Harrison</u> (Degree or title)		22b. ADDRESS <u>Charleston Mo</u>	
22c. DATE SIGNED <u>3/16/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3/11/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>	
23d. LOCATION (City, town, or county) <u>Dogwood, Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Mc Mickle Charleston, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>3-20-59</u>		26. REGISTRAR'S SIGNATURE <u>Donald B. Hathorn</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

*Elmer McWible*Licensed Embalmer No. *4695*P. O. Address *Charleston, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.